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SOUTH-WEST LONDON AND SURREY EXECUTIVE COUNCIL

(NATIONAL HEALTH SERVICE)

YEAR 1967-1968



ANNUAL REPORT

on the Services administered by the South-West London and

Surrey Executive Council,

under the National Health Service Acts

and the

Accounts and Financial Statements

for the

YEAR ENDED 31st MARCH, 1968

R. V. GOODLIFFE

Chairman of the Council

H. V. WIGGETT

Clerk of the Council

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JUNE, 1968

F O R E W O R D

by

THE CHAIRMAN OF THE COUNCIL

In presenting the Third Annual Report of the work of the Executive Council for South West London and Surrey, I take the opportunity of expressing my appreciation of the honour accorded me by members in electing me their Chairman.

The Report now published, the accounts and the financial statements, relate to the year ended March 31st, 1968. It will be seen that the Council is responsible for services whose total cost, some £15³/₄ m., continues to grow steadily. It has been astonishing that the Council's staff have been able to keep abreast of the rising tide of work, notwithstanding the frustrations flowing from the inadequacy of the office accommodation.

While the erection of the partial extension of the Surbiton Office sanctioned during the period of economic restraint has begun, it is already clear that accommodation will continue to be inadequate, and that the inconvenience caused by having to carry on a large part of the work at the North Cheam Office will continue.

The Clerk and his Staff are owed a further debt of gratitude in respect of the cordial relationship which they have maintained with the professional bodies with whom so much of their work lies. While their spirit of co-operation subsists, the provision of Executive Council Services will continue to run smoothly and to be free from the chill impersonality which is too often the product of large scale organisation.

The Council continues to enjoy cordial relationship with the professional committees, and the standard of service made available to the public by the professions has continued at a high level. It is my hope that during my term of office, co-operation between the Council and the professions will be maintained and strengthened.

The thanks of the Council are due to Mr. Gearey, the immediate Past Chairman, for the manner in which he has sustained his office during a term marked by exceptionally heavy work resulting from changes in methods of remuneration of the professions, from the problems which arose from the enlargement of the area administered by the Council, and from the necessity to occupy new and distant premises for some departments of the Council's work.

I add my personal appreciation, and also my thanks to all members of the Council, to the Officers, and to the entire staff for their continued contribution to the work of the Council.

R. V. GOODLIFFE

CHAIRMAN

June, 1968.



EXECUTIVE COUNCIL FOR SOUTH-WEST LONDON AND SURREY

YEAR 1967- 1968

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EXECUTIVE COUNCIL FOR SOUTH WEST LONDON AND SURREY

National Health Service

Membership of the Council as at 1st April, 1968.

CHAIRMAN

Dr. R.V. Goodliffe

VICE-CHAIRMAN

Mrs. K.C.S. Garrett

APPOINTED BY
MINISTER OF HEALTH

1970 Mr. W.E. Foulds
1971 Mr. R.O. Jenkins, T.D.
1969 Mr. C.S. Petheram, C.B.E., M.C.
1971 Mr. W.J. Rose
1969 Mrs. C.M. Waugh
(One vacancy)

APPOINTED BY
LOCAL DENTAL COMMITTEE

1970 Mr. L.K. Caygill
1971 Mr. E.W. Gearey
1969 Mr. S.F. Wright
(One vacancy)

APPOINTED BY
THE LONDON BOROUGH OF CROYDON

1971 Mrs. B. Saunders
1970 Dr. S.L. Wright

APPOINTED BY
THE LONDON BOROUGH OF MERTON

1971 Miss N.K. Watts

APPOINTED BY
THE LONDON BOROUGH OF SUTTON

1969 Mr. G.F. Everitt, J.P.

APPOINTED BY
LOCAL MEDICAL COMMITTEE

1969 Dr. J.C. Cameron
1969 Dr. J.D. Finnegan
1970 Dr. R.C.R. Gethen
1970 Dr. R.V. Goodliffe
1970 Dr. G. Hirst
1969 Dr. D.F. Kanaar
1971 Dr. J.H. Lankester
1971 Dr. C.P. Wallace
1971 Dr. T.G.E. White

APPOINTED BY
LOCAL PHARMACEUTICAL COMMITTEE

1970 Mr. E. Neville Browne
1969 Mr. T. Reid
1971 Mr. F.C. Wilson

APPOINTED BY
THE ROYAL BOROUGH OF KINGSTON UPON THAMES

1969 Mr. H.W. Payne

APPOINTED BY
THE LONDON BOROUGH OF RICHMOND-UPON-THAMES

1970 Mr. F.D. Gilday-Fox

APPOINTED BY
THE COUNTY COUNCIL OF SURREY

1970 Mr. A.E. Fellowes
1971 Mrs. K.C.S. Garrett
1970 Mrs. G.M. Gates
1971 Mr. T. Leam
1969 Mrs. B.E. Redding, O.B.E.

NOTE: The year shown against each member's name indicates the expiration of term of office at the 31st March of that year.

Principal Officers of the Council

CLERK OF THE COUNCIL - Mr. H.V. Wiggett
DEPUTY CLERK - Mr. S.C. Sullivan
FINANCE OFFICER - Mr. S.R. Geeson
REGISTRAR - Mr. G.O. Smith

REPORT OF THE CLERK OF THE COUNCIL
FOR THE YEAR ENDED 31ST MARCH, 1968.

PART I

EXECUTIVE COUNCIL AND COMMITTEES

1. Membership of the Council and Committees

Members of the Council hold office for three years, one-third of the members retiring each year.

In April, 1967 the Council welcomed Mr. W.E. Foulds, who had been appointed by the Minister of Health to succeed the late Mr. W.A. Bishop.

Col. B. Stuart Horner, O.B.E., a member appointed by the County Council of Surrey, resigned his membership during the course of the year and was succeeded by Mr. W. Whiting, who served on the Council from July, 1967 to March, 1968. Mr. A. Burgess, a member appointed by the Minister of Health, and Mr. B.A. Oliver, a member appointed by the Local Dental Committee also found it necessary to resign their membership in March, 1968. The Council has recorded its appreciation of the valuable services rendered by these members.

The Claire Wand Award, which was established to recognise outstanding service to general practice and postgraduate education, was presented to Dr. J.C. Cameron in June, 1967, the citation referring to Dr. Cameron's fairmindedness, grasp of both immediate realities and distant objectives, and his ability to give clear counsel, made doubly acceptable by his ready turn of humour.

The Charter Silver Medal of the Pharmaceutical Society of Great Britain was awarded in March, 1968 to Mr. F.C. Wilson in recognition of outstanding services rendered to the Society by a member in promoting the interests of pharmacy at local level.

The Council has congratulated these members on the honours bestowed upon them

2. Obituary

The Ophthalmic Services Committee suffered a sad loss by the death on the 8th June, 1967 of Dr. J.H. Mellotte, a member appointed by the British Medical Association and Faculty of Ophthalmologists. He had served on the former Surrey Ophthalmic Services Committee from 1951 to 1965 and on the former Surrey Ophthalmic Investigation Committee from its inception in 1956.

The Council and the Ophthalmic Services Committee have paid tribute to the services he rendered and recorded their deep regret at his passing.

3. Meetings

The number of meetings of the Council and Committees held during the period 1st April, 1967 to 31st March, 1968 was as follows :-

			<u>Number of Meetings</u>
Executive Council			7
<u>Committees :-</u>			
Allocation	.....	.....	1
Dental Service	.....	.....	6
Dispensing	.....	.....	-
Establishment	.....	.....	5
Finance and General Purposes	.....	.....	5
General Services	.....	.....	11
Hours of Service	.....	.....	3
Joint Consultative	.....	.....	-
Joint Liaison	.....	.....	13
Medical Service	.....	.....	6
Ophthalmic Investigation	.....	.....	1
Ophthalmic Services	.....	.....	4
Ophthalmic Services Advisory			
Sub-Committee	.....	.....	4
Pharmaceutical Service	.....	.....	2
			<u>68</u>

4: Constitution of Committees

The Establishment, Finance and General Purposes, and General Services Committees consist entirely of members of the Council. The Joint Liaison Committee consists of three persons appointed by the Council and three medical practitioners appointed by the Local Medical Committee, with an equal number of deputies. The Joint Consultative Committee consists of four members appointed by the Council to include both members of the Council and the principal officers, and four members of the staff who are members of a nationally recognized negotiating body. The membership of the remaining Committees consists of members of the Council and those appointed by the appropriate professional bodies.

PART II

GENERAL MEDICAL SERVICES

1. Medical List

At the 31st March, 1968, the names of 1323 medical practitioners were included in the Council's Medical List for the provision of general medical services. Of this number the names of 893 were included in the obstetric part of the list. Four practitioners were providing maternity medical services only, and 49 had restricted their lists to the residents and/or resident staff of certain schools, hospitals and other institutions. There were 54 medical practitioners acting as assistants and 10 trainee practitioners.

The names of 67 practitioners were added to the Medical List during the year. There were 61 withdrawals due to retirement and for other reasons, and 6 practitioners died.

Of the 1323 medical practitioners whose names were included in the Medical List at 31st March, 1968, 440 were resident in the areas of adjacent Executive Councils.

2. Classification of Areas

The National Health Service (General Medical and Pharmaceutical Services) Regulations, require the Council once in every year or at such more frequent intervals as the Medical Practices Committee may require, to furnish the Committee with information to enable them to judge the adequacy of the medical service in the area of the Council. After discussions with the Executive Councils' Association (England) and the Association of Welsh Executive Councils, the Committee agreed in 1955 only to ask for a full report on each Council area once in three years, subject to the right to call for a special report at any time if necessary, but during the year Councils were notified that the Committee had decided to revise the system of reports furnished by Councils in view of the need for full information, which had become even more necessary following the introduction of the new method of remuneration for general medical practitioners. The Committee decided to continue the practice of calling for triennial reports and also requested Councils to provide, as soon as possible after the 1st July in each year (except that in which a full survey is due), a summary of the main practices in each practice area. In addition, Councils were asked to provide a similar summary showing the position at 1st October, 1967.

The Committee classifies each area according to the number of doctors available and the following is an outline of the criteria involved in the four classification grades :-

- (i) Designated Areas where an Initial Practice Allowance is available for new entrants into independent practice who are eligible to receive such payments.

Standards: Where the average list of patients per doctor is over 2,500 and the overspill may be sufficient to enable a doctor to develop a new practice or, if below this figure, where there are other considerations such as excessive outside commitments or new building which may have the same effect.

- (ii) Open Areas

Standards: Generally where lists average between 2,100 and 2,500. All applicants to enter practice in areas classified as Designated or Open may be assured that admission to the Medical List will be automatic on completion of their applications and that they may go ahead with all arrangements in anticipation of this.

(iii) Intermediate Areas

Standards: Where lists average between 1,800 and 2,100 generally and where other commitments such as mileage, dispensing, etc., would not warrant the classification of Open

Applicants to go on the Medical List to practise in such areas must be clearly warned that admission should not be taken for granted. It will depend on all the circumstances in the area at the time the application is considered and application may well result in a decision that the number of doctors is already adequate and, in the absence of any special considerations personal to the doctors or the area concerned, result therefore in refusal (subject of course to the statutory right of appeal).

(iv) Restricted Areas

Standards: Where the Committee has already decided that the number of doctors on the Medical List is adequate and where, in the absence of any special considerations which might cause the Committee to allow the application or the Minister on appeal to make an order having that effect, applications will normally meet refusal (again subject of course to the statutory right of appeal).

The present classification of the Council's area is as follows :-

DESIGNATED

Caterham and Warlingham
Croydon North
Frimley and Camberley U.D.
Mitcham
Staines U.D.
Sunbury on Thames U.D.
Surbiton

OPEN

Bagshot R.D.
Banstead U.D.
Barnes
Beddington and Wallington
Carshalton
Chertsey U.D.
Coulsdon and Purley
Croydon (1) Addington and New Addington
(2) Southern Croydon (Excluding Addiscombe Ward)
Egham U.D.
Epsom and Ewell Borough
Esher U.D.
Kingston upon Thames
Leatherhead U.D.
Malden and Coombe
Merton and Morden
Reigate Borough
Richmond
Sutton and Cheam
Twickenham
Walton and Weybridge U.D.
Wimbledon
Woking U.D.
Worcester Park Postal Area

INTERMEDIATE Addiscombe Ward (Southern Croydon)
 Dorking and Horley R.D.
 Farnham U.D.
 Godalming Borough
 Godstone R.D.
 Guildford Borough
 Guildford R.D.
 Hambledon R.D.

RESTRICTED Dorking U.D.
 Haslemere U.D.

3. Medical Practitioner Vacancies

On the withdrawal or removal of the name of a medical practitioner from the Medical List, the Council is required to inform the Medical Practices Committee and to furnish them with a report as to the need for filling the vacancy. The withdrawals from the Medical List during the past year have been dealt with in the following manner :-

Small lists - vacancies not declared	...	...	23
Partner(s) regarded as successor	...	...	35
Vacancies declared...	...	...	3
<u>TOTAL:</u>			<u>61</u>

During the year 1967-68 the Council announced 3 vacancies in the Medical Press, and a note of the number of applications received is set out in the following schedule:-

<u>Vacancy No.</u>	<u>Reason for Vacancy</u>	<u>Approximate number of patients</u>	<u>Number of applications</u>
82	Resignation	2000	12
* 83	Resignation	2200	4
		*(cancelled-list dispersed)	
84	Resignation	2300	12

In 2 cases the applicants recommended by the Council were appointed to the vacancies. Although in both cases appeals were made by unsuccessful applicants, they were dismissed by the Minister.

4. Permitted maximum of patients on doctors' lists

The maximum number of patients a doctor is permitted to have on his list under the provisions of the Allocation Scheme is as follows :-

(a)	Single-handed practitioner	...	...	...	3,500
(b)	Practitioners in partnership (provided that the average list of all partners does not exceed that of a single-handed practitioner)				4,500
(c)	Allowance for employment of an assistant full-time	...	...	...	2,000

A tolerance of 50 over and above these maxima is allowed in respect of each principal practitioner. No tolerance is allowed in respect of an assistant.

An allowance may also be made in respect of the employment of a part-time assistant, provided the assistant is employed for at least half the time for which a full-time assistant would ordinarily be employed.

The Council is not ordinarily permitted to pay capitation fees for numbers in excess of the above maxima but Regulations, introduced in December, 1965, gave Executive Councils power to permit a doctor to retain an excess of patients on his list for a limited period after the death or retirement of a partner or the cessation of employment of an assistant. Councils need the Minister's approval if they propose to allow a doctor to retain an excess list beyond the period stated in the Regulations.

5. Health Centres

During the year the Council has been notified of further proposals by Local Authorities to establish Health Centres. Proposals have now been received for the erection of such centres in the following districts.

Barnes	Merstham
Burgh Heath	New Addington
Chertsey	Oxted
Cranleigh	Reigate
Croydon (North and East)	Shepperton
Dorking	Staines
Englefield Green	Stanwell
Ewell	St. Johns (Woking)
Farnham	Surbiton
Frimley Green	Sutton
Frimley Park	Twickenham
Godalming	Upper Hale (Farnham)
Great Bookham	Walton on Thames
Guildford (Surrey University)	West Byfleet
Guildford (Westborough)	Weybridge
Kingston	Wimbledon,
Lingfield	Worcester Park
Merrow	

In each case the Council has notified the practitioners in the areas concerned and sought their observations on the proposals and, after consultation with the Local Medical Committee, has informed the Local Authorities of its views regarding the desirability of including provision for general medical practice facilities in the proposed centres.

6. Remuneration

(1) The present scheme for remunerating doctors providing general medical services under the National Health Service resulted from negotiations between the Minister of Health and general practitioner representatives following publication of the profession's "Charter for the Family Doctor Service" early in 1965.

The principal payments under the scheme, in addition to capitation payments, are:-

(i) A basic practice allowance to recognise commitments and obligations which do not vary proportionately to the size of the list.

(ii) Special allowances to recognise :-

Seniority
Practice in groups
Practice in designated areas
Vocational training.

(iii) Payments for out-of-hours responsibilities including a supplementary practice allowance, supplementary capitation fees and night visit fees.

(iv) Payments for :-

(a) Vaccinations and immunisations carried out for reasons of public policy.

(b) The arrest of dental haemorrhage.

(v) Payments in respect of :-

Employment of ancillary help.

Rent and rates of premises (including notional rent of owner-occupied premises).

Employment of locums during the doctor's own sickness.

During the year the Minister and representatives of the profession reviewed the working of the new system of remuneration, and certain changes were introduced, some with retrospective effect from 1st October, 1966. They accepted that the new system needs to be kept under continuous careful review.

(2) The following are the fees and allowances which became payable from 1st April, 1967:-

(a) Basic practice allowance (full rate) £1,000 p.a.

(b) Additions (full rates) to the basic practice allowance :

(i) For practice from a main surgery in an area that has been continuously designated for at least 3 years £ 400 p.a.

(ii) Practice as a member of a group. £ 200 p.a.

(iii) For seniority:

1st payment £ 200 p.a.

2nd payment - an additional £ 200 p.a.

3rd payment - an addition of a further £ 250 p.a.

(iv) For vocational training £ 125 p.a.

(v) Employment of an assistant (full-time) £ 500 p.a.
or where the principal (or in a partnership all principals) receive(s) payment under (b)(i) above £ 700 p.a.

(c) Standard capitation fee -

(i) For each elderly patient on the doctor's list £1. 8s. p.a.

(ii) For all other patients on the doctor's list £1. p.a.

(d) Payments for out-of-hours responsibilities -

(i) Supplementary practice allowance (full rate) £ 200 p.a.

(ii) Supplementary capitation fee for each patient in excess of 1,000 on the list (1,000 per doctor on the combined lists of doctors in partnership) 2s. 6d.p.a.

(iii) Fee for visit requested and made between midnight and 7 a.m. £1.per visit

- (e) Postgraduate training allowance £ 100 lump sum
- (f) A fee for an item of service carried out for reasons of public policy As per an agreed schedule
- (g) A fee per patient for the provision of complete Maternity Medical Services by a practitioner included in the Obstetric List £ 15
- Other fees have been agreed for practitioners not included in the Obstetric List and for partial services.
- (h) Temporary resident fee (full rate) £1.2s.6d.
- (j) A fee for treatment given by a doctor in an emergency to a patient not on his list and not eligible to be treated as a temporary resident
- Consultation 12s.6d.
- Minor operation £1.
- General anaesthetic (other than nitrous oxide or ethylchloride) £2.10s.
- (k) A payment where the doctor is required to provide the services of another doctor for the purpose of administering an anaesthetic except in connection with Maternity Medical Services -
- (i) Other than nitrous oxide or ethylchloride £2.10s.
- (ii) Nitrous oxide or ethylchloride £1.
- (l) A fee for the arrest of dental haemorrhage 10s. or 17s. 6d.
- (m) Rural practice payments and mileage compensation.
- No change in the former agreed method of allocation of a special Fund, but Fund was increased by 5% from 1st October, 1966 and by a further 5% from 1st April, 1967.
- (n) Payments in respect of the Trainee Practitioner Scheme -
- (i) Trainer's grant £ 200 p.a.
- (ii) Allowance for additional car £ 270 p.a.
- (iii) Trainee's salary and board and lodging (maximum) -
- (a) if trainee was in post at 30th September, 1966 £1,600 p.a.
- (b) if trainee commenced training on or after 1st October, 1966 on range £1,550/£1,950 p.a.
- (o) Payments in respect of the supply of drugs and appliances
- Payment is made to doctors who undertake to supply drugs and appliances to their patients, but other doctors receive a separate payment only for vaccines, etc. they administer personally and for certain other minor items.

- (p) An initial practice allowance Payable under certain conditions to a doctor setting up practice in a designated area.
- (q) An inducement payment Assessments of amounts to be paid made on individual merits of each case.

In addition, payments are made in respect of certain expenses incurred by the doctor on the employment of ancillary staff and on the provision of premises. Revised financial arrangements were made during the year for doctors practising at health centres. Hitherto Councils had recovered from the doctors concerned the full amount which they had paid to the local health authority for the accommodation and facilities provided at the health centre, but under the new arrangements no charge is made to doctors for accommodation and general rates, except where a payment is due in respect of earnings from private work. The cost of services (i.e. heating, water, lighting, cleaning, internal repairs and decorations, furniture, moveable equipment, water rates, telephone charges, plus an appropriate charge for the cost of any staff employed in providing these services) is, however, apportioned between the doctors concerned and recovered from them.

(3) The Improvement Grant Scheme, under which Exchequer grants can be made towards the cost of improving medical premises, was revised during the course of the year, and with effect from 1st October, 1967 Executive Councils became responsible for approving grants in respect of all projects estimated to cost £500 or less (excluding the cost of any work ineligible for grant).

From 1st April, 1967, direct payments were also made towards the cost of employing a locum or other deputy necessarily employed during the doctor's own sickness.

The new system of remuneration is different from the old system in several ways, the main differences being :-

- (a) Previously the Government credited a fixed sum (representing an agreed average net income for all doctors providing unrestricted general medical services and the aggregate practice expenses of all those doctors) to a pool against which the various fees were debited. Under the new contract there is no pre-determined limit on the aggregate of the fees to be paid.
- (b) Previously the bulk of payments were capitation fees - i.e. payments in respect of each patient on the doctor's list, with additional payments known as 'loadings' for the patients on the mid-ranges of the list, and those fees covered a 24 hours responsibility. Under the new system payments are related much more closely to the doctor's individual circumstances. In addition to the capitation fee, there is a basic practice allowance with additions for seniority, training and practice in groups; payments for responsibility and work out-of-hours; increased fees for elderly patients; payments for rent and rates of premises and the cost of ancillary staff.

(4) In April, 1967, the General Practice Finance Corporation was set up, in accordance with the National Health Service Act 1966, and invited applications from general medical practitioners for loans or for leases of land in connection with practice premises. The purpose for which loans may be granted are :-

- (a) to provide, or acquire a share in, premises used or to be used, in whole or in part, for the provision of general medical services. The premises may thus consist of a suitable house containing residential as well as practice accommodation.

- (b) to alter, enlarge, improve or repair such premises.
- (c) to acquire any land required for the erection of such premises or in connection with the use of such premises; e.g. car-parking facilities.
- (d) to repay any loan raised by the applicant for any such purpose.

In addition the Corporation is empowered to lease to doctors land which it has acquired for the erection or in connection with the use of such premises.

7. Deputising Arrangements.

The Terms of Service for general medical practitioners govern, inter alia, the arrangements a doctor is required to make for a deputy to conduct his practice when he is prevented from giving treatment personally by reason of other professional duties, temporary absence from home or other reasonable cause.

In most areas doctors are accustomed to making arrangements with their partners, or with other doctors in the neighbourhood, possibly through rota arrangements, for the care of their patients during short periods when they will not themselves be available, e.g. occasional or periodical night coverage or surgeries. They also contract directly with a locum tenens when one is required. Standing arrangements must be notified to the Executive Council, who have also to be notified of arrangements made for periods of absence longer than a week.

In a few areas there are companies, firms and persons, who in return for payment undertake to provide a deputising service to cover off-duty periods. A practitioner who wishes to use, or continue to use, one of these deputising services must obtain the consent of the Executive Council. Up to 31st March, 1968, the consent of the Council to use a Deputising Services had been granted in 297 cases.

8. Reports and Memoranda, etc., supplied to Medical Practitioners

- (a) Prophylaxis of Rabies and Tetanus and Treatment of Anthrax, Botulism, Organs-Phosphorous Poisoning, Snake-Bite and Tetanus

A hospital memorandum containing a revised list of centres holding emergency supplies of certain prophylactic and therapeutic agents, and giving information on those preparations.

- (b) Education of the Public in the use of the Doctor's Services

A notice regarding the continuation of the campaign to educate the public in the use of the doctor's services, and outlining further steps taken by the Ministry to bring the main points of the campaign before the public.

- (c) The Rehabilitation and After-Care of Heroin Addicts

Memoranda regarding arrangements to be made for the rehabilitation and after-care of heroin addicts who undertake withdrawal treatment, and enclosing guidance on this subject which had been endorsed by the Advisory Committee on Drug Dependence.

- (d) Dangerous Drugs (Notification of Addicts) Regulations 1968

A memorandum describing the procedure under these Regulations for the notification of drug addicts to a central authority, and giving details of an Advisory Panel appointed by the Minister to advise doctors who are in doubt whether a patient is an addict. A copy of the Regulations accompanied the memorandum.

(e) Dangerous Drugs (Supply to Addicts) Regulations 1968

A memorandum describing the arrangements for the prescribing, administration and supply of heroin and cocaine to addicts at hospitals and other similar institutions in consequence of the prohibition in the Regulations of prescribing etc. of these drugs except under licence from the Secretary of State.

(f) Welfare Foods Service

A circular letter regarding the importance of ensuring that all persons who are entitled to obtain welfare foods free of charge should be made aware of their entitlement and helped to take it up.

(g) Human Genetics

A memorandum prepared by the Standing Medical Advisory Committee of the Central Health Services Council concerning the medical implications of human genetics and, in particular, the role of genetic counselling.

(h) Vaccination Against Smallpox

A memorandum prepared by the Ministry with the advice and approval of the Joint Committee on Vaccination and Immunisation appointed by the Central and Scottish Health Services Councils to advise the Health Ministers on all the medical aspects of vaccination and immunisation.

(j) Smoking and Health

A circular letter asking doctors to consider displaying in surgeries and waiting rooms a further poster on this subject.

(k) Care of persons suffering from Haemophilia and Related Diseases

A hospital memorandum setting out revised arrangements for the care of such persons.

(l) Prevention of Haemolytic Disease of the Newborn

A circular letter giving details of the recommendations of a joint Sub-Committee set up by the Standing Medical Advisory Committee of the Central and Scottish Health Services Councils to advise on the scientific, medical and administrative problems involved in a new method of prevention of haemolytic disease of the newborn.

(m) Maternity Medical Services - Safer Obstetric Care

A booklet prepared by the Operational Research Unit, Oxford Regional Hospital Board, containing a summary of the reports on confidential enquiries into maternal deaths in England and Wales between 1952 and 1963.

PART III

REGISTRATION

1. Persons on Doctors' Lists

At the end of the year under review the number of persons on doctors' lists were 2,049,355: included in this figure were 244,740 persons over 65 years of age. There were 300,647 additions to doctors' lists and 278,029 removals.

An indication of the movement in the registers which took place during the year may be gained from the following table :-

(a)	Number of persons removed from lists of doctors who resigned during the year	51,653
(b)	Number of persons placed on lists of successors to resigned doctors' practices	45,863
(c)	Applications from persons registering with a doctor for the first time	57,795
(d)	Acceptances in respect of persons who moved into the area	93,059
(e)	Persons transferred from one doctor to another within the area	99,043
(f)	Notices from Central Register in respect of persons who moved out of the area	99,309
(g)	Notices in respect of persons who died, enlisted or went abroad	44,076
(h)	Claims passed for payment in respect of persons who received treatment from doctors as temporary residents	54,398

2. Identification and Filing of Records of Elderly Patients

In order to implement the agreement reached between the Minister of Health and the representatives of the medical profession that higher capitation fees should be paid for patients aged 65 and over, Executive Councils were asked to take steps to ensure that all nominal index cards and medical register cards included the patients' dates of birth. The extensive check on the Council's Registers commenced in the previous year was continued throughout the year under review in order (a) to record the dates of birth from nominal index cards on to the medical register cards, and (b) to identify in the nominal index register cards which, after a check has been made against other cards in the office, will have no date of birth noted. By the end of the year only 6,500 cases remained in which the patients' date of birth had not been traced.

3. Inflation

The Registrar General's estimate of the population of the Council's administrative area at 30th June, 1967, was 1,979,826. The number of persons on doctors' lists at 1st July, 1967, was 2,034,777 which exceeded the estimated population figure by 54,951 (approximately 2.77%). By the 1st April, 1968, the number of persons on doctors' lists had risen to 2,049,355, i.e. 69,529 (or 3.51%) above the estimated population figure at 30th June, 1967.

As in previous years, all possible steps have been taken in the office to check inflation and this, of course, has involved a considerable amount of searching and correspondence. The main source of difficulty in this connection is the absence of National Health Service numbers: incomplete applications are referred to the Central Register where, if necessary, new National Health Service numbers are allocated, but the allocation of new numbers is, of course, a source of possible inflation in doctors' lists as the names of the persons concerned may remain registered on the lists of other doctors under the original numbers.

4. Assignment of Persons to Practitioners

A person who is refused acceptance by a National Health Service doctor may make application to the Council to be assigned to a practitioner. It is then the duty of the Allocation Committee to assign the person to such practitioner as they think fit, having regard to the distance between the residence of the person and the various practitioners, and to such other circumstances as appear to them to be relevant. The Chairman of the Allocation Committee is authorised to carry out the power of assignment in cases in which action is necessary before a meeting can conveniently be held. During the year, 31 persons were assigned to lists of practitioners in this way. Of these, 20 were members of 5 families.

5. Drug Addiction

The abuse of the service by persons seeking to obtain excessive supplies of addictive drugs has become an increasing problem, and a check is kept on the movement of persons known to be obtaining these supplies through the registration records. A separate register of these people is maintained and doctors in the area are warned in order to forestall these activities.

It has been emphasised that doctors can greatly reduce the opportunities for abuse of the service in this way by exercising caution in prescribing these drugs for persons who are not known to them (e.g. alleged temporary residents and newcomers), and by taking extra precautions with forms E.C.10 to prevent them falling into unauthorised hands. The Minister of Health has issued notices to doctors through Executive Councils drawing attention to this problem and inviting their co-operation.

PART IV

PHARMACEUTICAL SERVICES

1. Pharmaceutical List

At the 31st March, 1968, the Council's Pharmaceutical List included the following pharmacies, etc., providing pharmaceutical services :-

(a)	Pharmacies	....	....	....	498
(b)	Drug Stores	....	....	....	5
(c)	Surgical Appliance Suppliers (not included at (a) or (b))	....			72

2. Hours of Service

(a) The normal hours of business are from 9.00 a.m. to 6.00 p.m. with not more than seventy-five minutes closing for lunch, and on early closing days 9.00 a.m. to 1.00 p.m. Additional hours of service under the Council's scheme for securing that one or more places of business on the Pharmaceutical List in each district are open at all reasonable times were provided by 403 pharmacies during the year. The duty rotas covered in the main additional service on weekdays, early-closing days, Sundays and Public Holidays, but in the least populated districts it was not thought necessary to provide a full service of this nature. Broadly speaking, full service was given at 335 pharmacies on 74 rotas, and a modified service was provided at 68 pharmacies.

Where the additional hours of service on Sundays and Public Holidays vary in adjacent areas, chemists in each district display a notice giving the times at which service is provided by the other chemists.

The hourly rates for after hours service are 10/-d on weekdays, £1. on early closing days, Sundays and Public Holidays.

Payments made in respect of these services during the year ended 31st March, 1968, amount to £20,583.

(b) Consideration has been given to a number of applications from chemist-contractors to operate a five-day week. The Council, recognising that there is a growing demand for a five-day week for employees and that some chemists may be faced with difficult staffing situations, are not opposed to the principle of a five-day week and would be prepared, in consultation with the Local Pharmaceutical Committee to give favourable consideration to an organised scheme put forward by all the chemists in any given area, provided that an adequate pharmaceutical service is made available for the patients in the area.

(c) During the year Executive Councils received a circular letter from the Ministry of Health intimating that it had been represented to the Minister that it would be a convenience to the public if Police Stations were able to advise where prescriptions marked 'Urgent' by the doctor could be dispensed after normal and rota hours. Councils were asked to consider drawing up and revising from time to time a list of chemists in their area who are normally willing to dispense 'urgent' prescriptions in this way, and sending copies to the main Police Stations in the area.

It is to be made clear in the list that the service is purely voluntary on the part of the chemists, that there can be no guarantee that a particular chemist would be available at any time of the day or night, and that the service applies only to prescriptions that are endorsed 'urgent' by the doctor.

3. Scheme for testing Drugs and Appliances

In accordance with the Scheme for testing drugs and appliances 241 samples of drugs 30 samples of appliances were taken during the year. One report in respect of drugs was referred to the Pharmaceutical Service Committee for investigation and four reports dealt with under the 'Recorded' procedure. Two reports in respect of appliances were pursued informally and one report dealt with under the 'Recorded' procedure.

A summary of the samples take under the scheme is given below :-

<u>Drugs</u>		<u>Appliances</u>	
Emulsions	2	<u>Bandages</u>	
Gargles	2		
Linctuses	9	Crepe	9
Lotions	1	Cotton elastic net	1
Mixtures	48	Elastic web	1
Ointments	3		
Penicillin preparations	4	<u>Cotton Wools</u>	
Proprietary preparations	108		
Tablets	64	Absorbent B.P.C.	4
		Hospital quality	2
		<u>Gauzes</u>	
		Absorbent B.P.C.	6
		Sofratulle	1
		Nonatulle	1
		Melolin	1
		<u>Lints</u>	
		Absorbent B.P.C.	2
		Multiple dressing pack	1
		Sponge rubber pieces	1

Samples for testing are now selected from amongst those drugs and appliances already dispensed by chemists and awaiting collection by patients, and the agent of the Council for this purpose is an Inspector appointed by the Pharmaceutical Society.

4. Comprehensive Handbook on Prescribing

A comprehensive Handbook on Prescribing has been issued to all general practitioners, including assistants and trainee practitioners. The Handbook was prepared after consultation with the British Medical Association and brings together in a loose leaf form current editions of various documents which have been issued for the information of doctors in the Service. Each section is printed on different coloured paper and separated by colour dividing leaves to facilitate insertion of revisions and amendments. A pocket is also included to take a copy of the British National Formulary. Amendments of the Handbook have been made from time to time, and copies of the amendments have been issued to practitioners so that these could be incorporated in the Handbook.

5. Remuneration of Chemists

(a) Payment for prescriptions dispensed at each place of business by Chemist Contractors on the Pharmaceutical List for the supply of drugs or drugs and appliances and submitted to the Pricing Offices in respect of each calendar month consists of :-

- (1) (i) the total of the prices of the drugs, preparations, prescribed reagents or appliances, calculated in accordance with the provisions set out in the Drug Tariff,

less (ii) a discount from the total of the prices calculated as at (i) above to be applied where the number of National Health Service prescriptions dispensed in the month exceeds 1,000 on a scale determined by the Minister after consultation with the Central National Health Service (Chemist Contractors) Committee, starting at one-tenth of one per cent and rising to 3.5 per cent where 7,001 or more National Health Service prescriptions have been dispensed in the month.

plus (iii) an on-cost allowance of $10\frac{1}{2}\%$ of the total of the prices at (i) above (i.e. before the application of any discount).

(N.B. This allowance was formerly 13% it was adjusted from 13% to 11% from 1st July, 1967, and reduced by a further $\frac{1}{2}\%$ from 1st October, 1967);

(2) the appropriate professional fees as set out in Part IIIA of the Tariff;

(3) the allowances for containers (except in respect of "bulk" prescriptions) as set out in Part VIII of the Tariff.

(b) Payment for prescriptions dispensed by contractors undertaking only to supply appliances at a separate place of business, and received in the Pricing Offices during any calendar month beginning on the first of each month consists of :-

(i) the total of the prices of the appliances, calculated in accordance with the provisions set out in the Drug Tariff, increased by a composite percentage rate of on-cost allowance calculated so as to represent, to the nearest one-tenth of one per cent where the number of prescriptions does not exceed 2,500 and to the nearest one-twentieth of one per cent in other cases, 25% for each prescription up to 500, 20% for each prescription from 501 to 750, and $12\frac{1}{2}\%$ on the remainder;

(ii) the appropriate dispensing fees in accordance with the scale of fees set out in Part IIIB of the Tariff;

(c) The Minister and the Central National Health Service (Chemist Contracts) Committee consider applications from Chemist Contractors each year for the grant of additional remuneration for pharmaceutical services provided by pharmacies in areas where access to the next nearest pharmacy presents difficulties to patients, and where the pharmacy dispenses on a yearly average not more than 750 prescriptions a month.

(d) In February, 1968 the Council was asked to supply the Ministry of Health with statistical details regarding the number and cost of National Health Service prescriptions dispensed by each Chemist, Drug Store and Appliance Contractor on the Council's list during the calendar year 1967.

6. Weights and Measures

Regulations provide that a chemist may, when carrying out an order for the supply of a drug expressed in terms of gram or milligramme or any multiple or fraction thereof, use the equivalent quantity prescribed in the Schedule to the Weights and Measures (Equivalents for dealings with drugs) Regulations, 1964.

7. Pricing of Prescriptions

The pricing of prescriptions is carried out by the Joint Pricing Committee for England operating through Pricing Bureaux in various parts of the country. The number of prescriptions submitted by chemists throughout the country totalled approximately 252 millions, over 10 millions emanating from the Council's area.

8. Preparations alleged not to be Drugs

During the year the Pricing Bureaux referred to the Council for investigation certain cases in which it appeared to the Bureaux that the preparations prescribed might not have been drugs forming part of the Pharmaceutical Services under the Act. The decisions of the Local Medical Committee on cases referred to them are as follows :-

Substance was a Drug - 102 Cases

Albumaid	2	Lenium Shampoo	1
Aminex Low Protein Biscuits	1	Liga Gluten Free Biscuits	2
Amylum B.P. Pulv.	8	Oilatum Bath Oil	1
Casilan	1	Oilatum Soap	1
Covering Cream	1	P.K.N. Flour	1
Dettol	1	Polytar Shampoo	9
Energen Gluten Free Flour	46	Rite Diet Flour	11
Flypel	1	Tetmosol Soap	5
Hycal	5	Wrights Coal Tar Shampoo	1
Lacto Calamine Cream	4		

Substance was not a Drug - 24 Cases

Amylum B.P. Pulv.	2	Oilatum Solid	1
Brandy	1	Polytar	1
Casilan	1	Rite Diet Gluten Free	
Cidal Soap	3	Bread	1
Complan Powder	3	Sevana Soap	1
Derl Soap	1	Soladryl Ung	1
D.O.P. Shampoo	1	Tendermix	1
Hycal	1	Wheat Starch	1
Johnson's Baby Lotion	1	Wrights Coal Tar Shampoo	1
Lanolin (Christy's)	1	Zac Cream	1

9. Oxygen Therapy Equipment.

Oxygen equipment and/or gas is ordinarily supplied only by contractors who

(a) regularly stock oxygen equipment, as specified in the Drug Tarrif, and oxygen gas on the premises ;

(b) are prepared, when it would not be reasonable to expect that the patient's representative could safely do so or when he is unable to do so, to deliver the oxygen set and cylinders to the patient's premises, to collect empty cylinders when they are being replaced, and to collect the set and cylinders when informed that treatment has been discontinued, and

(c) are prepared to erect and explain the operation of the oxygen set at the patient's home, particularly when the patient is having oxygen therapy for the first time.

The Council have compiled and issued a List of Oxygen Contractors restricted to those who satisfied the Council that they are in a position to give a full service on the lines set out above, showing in respect of each contractor his name and address and normal hours of business, his telephone number, whether he is available for emergency cases and, if so, at what hours and where (if it is a different address from that of his shop). A copy of the list is distributed to

every general medical practitioner and assistant having patients in the area, and to each Chemist Contractor. Chemists whose names are not included in the list have been informed that they should refer the patient's representative to the nearest chemist included in this or an adjacent Council's list.

The Council maintain a record of Oxygen Therapy Equipment on loan to patients from chemists in the area. Periodic enquiries are made from practitioners in whose lists the patients are included to ascertain whether the equipment is still required.

Claims from ten chemists in respect of Oxygen Therapy Equipment broken whilst on loan were passed for payment in 1967/68.

10. Medical Practitioners - Drugs and Appliances

There were 36 dispensing doctors included in the Council's Medical List on the 1st January, 1968, who were responsible for the supply of drugs and appliances to all or some of their patients. Twenty seven of these were paid by way of the drug capitation fee, together with additional payment, over and above the drug capitation fee, for the supply of specially expensive items included in the official list and for the supply of other drugs where special sanction is given. The nine remaining doctors have elected to submit their prescriptions for pricing and receive payment on the basis of the Drug Tariff.

11. Statistical Data

Statistics supplied by the Pricing Bureaux show that 10,137,090 prescriptions were dispensed in the Council's area during the period January to December, 1967. The total cost of the prescriptions amounted to £5,857,121 the average cost per prescription being 11s. 3.86d. and the average cost per person £2. 17s. 4.25d.

The corresponding figures for the preceding twelve months were 9,670,695 prescriptions dispensed, total cost £5,401,193; average cost per prescription 11s. 2.04d., and average cost per person £2. 14s. 7.47d.

PART V

GENERAL DENTAL SERVICES

1. Dental List

At 31st March, 1968, the names of 639 principal dental practitioners were included in the Council's Dental List: 40 assistant dental practitioners were also employed by principals for the purpose of providing general dental services in the Council's area.

Practitioners may not employ more than two assistants without the consent of the Council, and such consent is subject to review by the Council, in consultation with the Local Dental Committee, not less than once a year.

2. Remuneration

(a) The gross cost of the General Dental Services provided by dentists on the Council's Dental List during the year 1967/68, was £4,162,031. Receipts from patients' charges amounted to £642,858, with the result that the net cost to the Exchequer was £3,519,173.

Comparative figures in respect of the year 1966/67 were - gross cost £4,071,178, receipts from patients £618,275; net cost £3,452,903.

(b) Regulations were made on 29th March, 1968 which increase from one pound to thirty shillings the maximum amount payable by patients in respect of treatment, other than the supply of dentures, provided under the general dental services. These Regulations came into operation on 1st May, 1968.

3. Discontinuance of Treatment

The Council considered 31 applications by dental practitioners for authority to discontinue treatment they had commenced, and after seeking the observations of the patients concerned 29 of the applications were granted. In the remaining two cases the practitioners agreed to complete the treatment.

In order to assist in reducing the number of orthodontic cases in which treatment is discontinued before completion, a form is now sent by the Dental Estimates Board to parents or guardians of children who are under the age of 16 years, or to the patients themselves when they are age 16 years or over at the beginning of a course of treatment, pointing out their responsibility for co-operating with the dentist in the treatment and asking them to ensure, as far as possible, that the appliance is worn and that attendance for treatment is continued until the work is completed.

4. Replacement of Dental Appliances

The Regulations place a duty upon the Council to consider applications for the replacement of dental appliances in cases in which the Dental Estimates Board have reason to think that the replacement may be necessitated by lack of care on the part of the patient. Such applications are considered by the General Services Committee who, after inviting the representations of the patient, determine whether the replacement is necessitated by lack of care on the part of the patient and whether the whole or a proportion of the cost of the replacement should be borne by the patient. If it subsequently appears that the payment of the sum so determined to be payable by the patient would involve undue hardship, the Council may make such contribution thereto as they may think fit.

The following statement shows details of decisions reached on applications considered during the year 1967/68

	<u>Number of Cases</u>		
(a) There was no lack of care on the part of the patient	197		
(b) Referred back to the Dental Estimates Board for consideration as normal replacement Ø	2		
(c) There was lack of care and -			
(i) the patient should bear the full cost	59		
(ii) the patient should bear part of the cost	48		
(iii) the Council decided to make a contribution to the costs determined to be payable by the patient on grounds of hardship	2		
	<hr/>		
	308		
	<hr/>		
	£.	s.	d.
Total cost falling on patients	427	16	3
Total cost falling on Exchequer	* 1,282	9	3
	<hr/>		
	£ 1,710	5	6
	<hr/> <hr/> <hr/>		

Ø The Committee were of the opinion that these cases should not be considered by the Council but should be referred back to the Board for consideration as normal replacement, subject to payment by the patient of the usual statutory charge.

* This amount includes £18. 0. 0d. contributions by the Council in cases under (c)(iii)

5. References to Dental Officer

During the year a number of enquiries were received from members of the public in regard to dentures provided under the General Dental Services, and in 20 cases it was necessary to have recourse to the Ministry of Health for a report of a dental officer. In all but two of the cases so referred the difficulties experienced by the patients were resolved without the necessity for a formal investigation by the Dental Service Committee.

6. Charges for general dental services

These charges are as set out below :-

(a) Treatment

All patients accepted for treatment (other than the provision of dentures) are required to pay £1. or the full cost of the treatment if it is less than that amount. (As indicated in paragraph 2 above, this charge was increased from £1. to £1. 10. 0d. as from 1st May, 1968). No charge is made to any person for an examination, the arrest of bleeding, or a domiciliary visit.

Excepted classes :-

No charge is made to persons who at the day of acceptance for treatment are children and young persons under the age of 21, expectant mothers, or mothers who have had a child during the preceding twelve months. In these cases the patients or the patients' guardians must sign a declaration in support of the claim for free treatment.

(b) Dentures, including bridges

				<u>Charge</u>		
				£.	s.	d.
1, 2 or 3 teeth	.....	.....	.....	2.	5.	0.
4 - 8 teeth	.....	.....	.....	2.	10.	0.
More than 8 teeth (maximum for one denture)				2.	15.	0.
Additions to or relining of dentures (including any other dental treatment)	.....			1.	0.	0.
				(£1.	10.	Od.
				from 1st May, 1968)		
MAXIMUM per course for more than one denture or for more than one denture with any other treatment.				5.	0.	0.

There is no charge for repairs to dentures or other dental appliances.

Excepted classes :-

No charge is made to persons who at the date of dental examinations are :-

- * Children under 16 years or older children who are still attending school full-time.

Expectant mothers.

Mothers who have had a child during the preceding twelve months.

A similar declaration as in (a) above is required.

- * A school is defined in the Education Act 1944 as "an institution for providing primary or secondary education, or both primary and secondary education being a school maintained by a Local Education Authority, an independent school, or a school in respect of which grants are made by the Minister (of Education) to the proprietor of the school".

("School" for this purpose does not include Training Colleges, Universities or other establishments of further education).

7. The National Health Service (General Dental Services) Regulations, 1967

These Regulations were made on 22nd June, 1967, and took effect on 10th July, 1967. The new Regulations consolidated those issued in 1964 and the subsequent amendments thereto, and introduced a number of new amendments, principally in regard to (a) charges for broken appointments and (b) a reduction in the number of items of treatment requiring the prior approval of the Dental Estimates Board.

8. Reports and Memoranda etc., supplied to General Dental Practitioners

(a) Dental Anaesthesia

A Report by the Joint Sub-Committee on Dental Anaesthesia appointed to consider the use of General Anaesthetics in general dental practice and to advise (i) how far the administration of general anaesthetics for conservative treatment can be justified, and (ii) how far the administration of general anaesthetics for any purpose without the attendance of a second practitioner can be justified.

(b) Application of Factories Act to Dental Workrooms

A notice informing general dental practitioners that, following the result of an appeal to the House of Lords in what was regarded as a test case on the general question of the application of the Factories Act to places where employees are engaged in manual labour, the Minister of Labour is obliged to apply the Act to dental workrooms.

(c) Dental Technicians

A notice regarding a new agreement made by the National Joint Council for the Craft of Dental Technicians affecting the wages and conditions of employment of dental technicians.

(d) Emergencies in Dental Practice

A memorandum prepared by the Standing Dental Advisory Committee containing notes which discuss some of the co-incident diseases and treatments which may give rise to trouble in the dental surgery, and offer advice on what should be done when an emergency occurs.

SUPPLEMENTARY OPHTHALMIC SERVICES1. The Ophthalmic Services Committee(a) Constitution and term of office

The duties of the Executive Council in regard to Supplementary Ophthalmic Services are exercised on behalf of the Council by the Ophthalmic Services Committee constituted in accordance with the National Health Service (Executive Councils) Regulations. The term of office of members of the Committee is three years.

The Committee consists of sixteen members appointed as follows :-

- (i) Eight members by the Council from among the members of the Council other than those appointed by the Local Medical Committee.
- (ii) One medical practitioner by the Council from among the members of the Council appointed by the Local Medical Committee
- (iii) Three medical practitioners having the prescribed qualifications;
three ophthalmic opticians; and
one dispensing optician and one standing deputy
appointed respectively by such organisations as the Minister may recognise as composed of the professions concerned.

(b) Duties of the Committee

The duties of the Committee are to administer the Supplementary Ophthalmic Services, including the preparation and issue of lists of ophthalmic medical practitioners and ophthalmic and dispensing opticians taking part in the service in the area, the approval of the supply of glasses and of accounts for payment, and the consideration of applications in respect of the replacement and repair of glasses.

(c) Membership of the Committee on 31st March, 1968Appointed by the
Executive Council

Mr. A.E. Fellowes
Mrs. K.C.S. Garrett
Mr. F.D. Gilday-Fox
Dr. J.H. Lankester
Mrs. B.E. Redding
Mr. W.J. Rose (Vice-Chairman)
Mrs. C.M. Waugh
Mr. F.C. Wilson
Vacancy

Ophthalmic Medical Practitioners
Appointed by the British Medical
Association and Faculty of
Ophthalmologists

Mr. W.M. de C. Boxill
Dr. A.M. Roy
Vacancy

Ophthalmic Opticians Appointed
by the Joint Committee of
Ophthalmic Opticians

Mr. R.A. Baxter
Mr. E.L. Ebbage (Chairman)
Mr. W.J. Meakin

Dispensing Opticians Appointed by the
Association of Dispensing Opticians

Mr. A.W. Spon-Smith

Deputy

Mr. V.G. Lewis

(d) Sub-Committees (appointments made annually by the Committee)

(i) Accounts Sub-Committee

This Sub-Committee is authorised to approve payment for sight tests and the supply, replacement and repair of glasses.

Membership:

Mrs. K.C.S. Garrett
Mr. F.D. Gilday-Fox
Mr. W.J. Rose

(ii) Advisory Sub-Committee

This Sub-Committee deals with matters of day-to-day procedure within the Regulations.

Membership:

Mr. W.M. de C. Boxill Mr. A.W. Spon-Smith
Mr. E.L. Ebbage Vacancy

(iii) Hardship Sub-Committee

It is the duty of this Sub-Committee to consider applications for assistance towards the amount payable for the replacement and repair of glasses in cases where it is claimed that payment by the applicant would involve undue hardship.

Membership:

Mr. F.D. Gilday-Fox
Mrs. C.M. Waugh
Vacancy

(iv) Premises Sub-Committee

This Sub-Committee was appointed to visit and report on the consulting, fitting and waiting rooms of ophthalmic medical practitioners and ophthalmic and dispensing opticians providing Supplementary Ophthalmic Services in the area.

Membership:

Vacancy (Lay member)

together with any other lay member and a professional member of the Committee representing the branch of the Service concerned.

2. The Ophthalmic Investigation Committee

Constitution and term of office

The Committee consists of a Chairman and ten other members appointed as follows :-

(i) Four appointed by the Council from among the members of the Council other than those appointed by the Local Medical Committee.

(ii) Two ophthalmic medical practitioners;
two ophthalmic opticians; and
two dispensing opticians

appointed respectively by such organisations as the Minister may recognise as composed of the professions concerned.

The Chairman and one of the members appointed by the Council must not be members of the Ophthalmic Services Committee. For the purpose of investigation the Committee normally consists of a Chairman and eight members, that is, four members appointed by the Council, two members representing the branch of the Service involved (ophthalmic medical practitioner, ophthalmic optician or dispensing optician) and one member of each of the other two branches of the Supplementary Ophthalmic Services.

The term of office of members of the Committee is three years, apart from the Chairman and Deputy Chairman who are appointed annually. The members of the Committee at 31st March, 1968 were as follows :-

Mr. R.O. Jenkins (Chairman)) Appointed by
Vacancy (Deputy Chairman)) the Committee

Appointed by the Executive Council

<u>Principals</u>	<u>Deputies</u>
Mr. A.E. Fellowes	Mr. E. Neville Browne
Mrs. K.C.S. Garrett	Mr. F.D. Gilday-Fox
Mr. H.W. Payne	Mrs. B.E. Redding
Mr. T. Reid	Mr. F.C. Wilson

Appointed by the British Medical Association
and Faculty of Ophthalmologists

<u>Principals</u>	<u>Deputy</u>
Mr. C.J. Longworth Blair	(To be appointed when
Vacancy	the need arises)

Appointed by the Joint Committee of Ophthalmic Opticians

<u>Principals</u>	<u>Deputy</u>
Mr. E.L. Ebbage	Mr. D.O. Rawling
Mr. W.J. Meakin	

Appointed by the Association of Dispensing Opticians

<u>Principals</u>	<u>Deputy</u>
Mr. T.H. Collison	Mr. W.S. Stone
Mr. A.W. Spon-Smith	

3. Vacancies in Membership

The vacancies in membership of the Committees were caused by the resignation of Mr. A. Burgess who was appointed by the Executive Council, and by the death of Dr. J.H. Mellotte who was appointed by the British Medical Association and Faculty of Ophthalmologists.

4. The Ophthalmic List

During the year 129 alterations were made to the ophthalmic list involving additions, deletions and amendments. The number of practitioners and firms whose names were included in the list on the 31st March, 1968, was as follows :-

		(1967)
Ophthalmic Medical Practitioners	117	119
Ophthalmic Opticians - Individuals)	287) 253	288) 267
Firms)	82) Practices	90) Practices
Dispensing Opticians - Individuals)	99) 62	97) 60
Firms)	38) Practices	37) Practices

5. Statement of Fees and Charges

This Statement specifies the fees and charges for the testing of sight and the supply or repair of glasses and is prepared by the Minister of Health under Regulation 3 of the National Health Service (Supplementary Ophthalmic Services) Regulations, 1956. The Minister amended the Statement on five occasions during the year under review as follows :-

- (a) On the 1st June, 1967, a new Statement was issued incorporating amendments since the previous issue and containing increased prices for certain lenses and an increase of one penny in the allowance for purchase tax on spectacle cases.
- (b) As from the 1st August, 1967, the prices of cemented convex lenticular lenses were raised by five shillings.
- (c) On the 1st August, 1967, the fee payable to ophthalmic medical practitioners for sight testing was raised from £1. 5. 4d. to £1. 6. 4d. and the fee payable to ophthalmic surgeons who test the sight of students in sessions arranged by the Local Education Authority was increased from 12s. 6d. to 16s. 0d. Provision was made for the increased fee payable to ophthalmic medical practitioners to be applied retrospectively to the 1st October, 1966.
- (d) With effect from the 1st November, 1967, the prices of all metal frames, except two half-eye frames, were increased by amounts varying from 6d. to 1s. 7d.
- (e) On the 1st January, 1968, increases were made in the fees payable to opticians for sight testing and dispensing. Sight test fees were raised from 17s. 0d. or 19s. 0d. in certain circumstances, to £1. in all circumstances. Dispensing fees were increased by amounts varying from 1s. 0d. to 2s. 6d. according to the type of lenses dispensed and the frame used. Provision was made for the increased fees to be applied retrospectively to the 1st October, 1967.

6. Sight tests

The number of sight tests carried out by, and the fees paid to, ophthalmic medical practitioners and ophthalmic opticians during the year covered by this report are given in the statement appended to this section of the report.

7. Permission for sight tests

As a means of preventing unnecessary sight tests, ophthalmic medical practitioners and ophthalmic opticians have been requested to ensure that a person's sight is not tested without the permission of the Ophthalmic Services Committee if it has been tested within the preceding twelve months, except where the need for a further test appears urgent, or where the person's general medical practitioner has been informed that the person should return for a further sight test within six months of the previous test.

During the period under review the permission of the Ophthalmic Services Committee for a second sight test within a year was given in 4,715 cases.

8. Supply of glasses

Persons provided with National Health Service glasses or lenses, except children in certain circumstances, are required to pay the optician the sum of 12s. 6d. for each single vision lens, or 20s. 0d. for each bifocal lens, and a charge of between about 7s. 0d. and 28s. 0d. for the frame, if one is supplied, according to the type of frame chosen. An additional charge is payable if special lenses are supplied at the person's request.

National Health Service lenses may be fitted to a privately supplied frame, provided it has a surrounding protective rim conforming to National Health Service lens shapes. In such circumstances the lens charge mentioned above is payable by the person, together with the optician's price for the private frame if a new one is supplied.

Children under ten years old may be supplied with children's standard glasses without charge, that is, crown glass lenses in a nickel frame, but if any other National Health Service frame, or privately supplied frame is used, the full charges shown above are payable.

Children who are ten years of age, and are either under sixteen or, if aged sixteen or more, in full time attendance at a school within the meaning of the Education Act, 1944, may also receive children's standard glasses without charge. Alternatively, they may be provided with lenses free of charge if these are fitted to any other National Health Service frame, but the charge for the frame is payable if a new one is supplied. If a privately supplied frame is used the full charges are payable.

The amount due to the optician from the Executive Council is the difference between the full cost of the glasses and the charges contributed by the patient, if any. The number of cases in which glasses or lenses were supplied and the amounts paid by the Executive Council and patients during the year ended 31st March, 1968, are set out in the statement appearing at the end of this section of the report.

9. Uncollected glasses

Opticians have been requested to report cases where glasses have been ordered but not collected. This request was made in order that a communication could be addressed to the person in an effort to effect collection of the glasses. The Committee have agreed that where all efforts fail to result in delivery of the spectacles the amount due from the Executive Council in respect of the lenses be paid to the optician and that he returns the frames to stock.

During the year 374 cases of uncollected glasses were reported to the Committee. In 152 cases the glasses were eventually collected, but in 129 cases the person failed to take delivery of the spectacles and the Executive Council's share of the cost of the lenses was paid to the optician. The remaining 93 cases were outstanding at the time of this report.

10. Replacement and repair of glasses

The whole or part of the cost of the replacement or repair of glasses is payable by the Executive Council unless the Ophthalmic Services Committee determine that the replacement or repair was necessitated by lack of care, in which case the full cost is payable by the person. If, however, it appears to the Committee that payment by the person would involve undue hardship they may resolve that the whole or part of the cost shall be met by the Executive Council.

Where approval for the replacement or repair of glasses for school children has been given under arrangements made by a Local Education Authority the amount paid by the Executive Council for the work may be recovered from that Authority if the Ophthalmic Services Committee are satisfied that there was lack of care on the part of the pupil.

Statistical and financial data regarding the replacement and repair of glasses for the year under review is contained in the statement given at the end of this section of the report.

11. Domiciliary Visits

Ophthalmic medical practitioners and ophthalmic and dispensing opticians have the right to recover a reasonable charge from any person in respect of a domiciliary visit paid at the request of the person. During the six months - 1st February to 31st July, 1967, a record was kept of domiciliary visits paid by ophthalmic medical practitioners and ophthalmic and dispensing opticians under the Supplementary Ophthalmic Services and the number of visits was as follows :-

	<u>Sight Tests</u>	<u>Dispensing</u>
Ophthalmic medical practitioners	59	-
Ophthalmic opticians	345	217
Dispensing opticians	-	17
	<hr/>	<hr/>
	404	234
	<hr/>	<hr/>

The Ophthalmic Services Committee had already made representations to the Ministry of Health that the scope of the Supplementary Ophthalmic Services should be extended to permit domiciliary visits at the expense of the Committee in special circumstances and in October, 1967, the Executive Councils' Association (England) also agreed to make representations that Executive Councils should be authorised to pay an additional fee for domiciliary visits made under the Supplementary Ophthalmic Services.

SUPPLEMENTARY OPHTHALMIC SERVICES

Comparative Statement of Supplementary Ophthalmic Services provided and payments made during the years ended 31st March, 1967, and 1968.

Year ended 31st March, 1967 Year ended 31st March, 1968

<u>1. Sight Tests</u>	<u>Number</u>	<u>Payment to nearest £</u>	<u>Number</u>	<u>Payment to nearest £</u>
Sight tests paid for by Executive Council:-				
<u>Ophthalmic Medical Practitioners</u>				
(a) Under Local Education Authority arrangements 	5,793	3,615	6,373	4,416
(b) Others 	91,604	116,032	92,396	120,122
Additional payments arising from retrospective increase in fees	-	-	-	3,480
<u>Ophthalmic Opticians</u>				
Additional payments arising from retrospective increase in fees..	201,404	174,549	201,887	181,402
	-	-	-	5,219
<u>TOTALS</u>	298,801	£294,196	300,656	£314,639
<u>2. Supply of Glasses</u>				
Cases in respect of which a payment was made by Executive Council 	224,373	319,677	227,709	332,562
Additional payments to opticians arising from retrospective increase in dispensing fees 	-	-	-	2,291
<u>TOTALS</u>	224,373	£319,677	227,709	£334,853

Charges paid to opticians by patients under N.H.S. Acts, 1951 and 1961

	<u>1967</u>	<u>1968</u>
(a) Lenses 	£328,338	£334,759
(b) Frames 	£39,170	£37,436
	£367,508	£372,195

Year ended 31st March, 1967

Year ended 31st March, 1968

		Number	Payment to nearest £	Number	Payment to nearest £
<u>3. Replacements and Repairs</u>					
<u>Applications approved:-</u>					
(a)	No personal carelessness	1,343		1,188	
(b)	No personal carelessness (Local Education Authority Arrangements).	2,315	3,837	2,238	3,596
(c)	No personal carelessness and hardship grounds	19		21	
(d)	Hardship grounds only	13		9	
Additional payments to opticians arising from retrospective increase in dispensing fees		-	-	-	5
<u>Applications not approved:-</u>					
(a)	Personal carelessness	391	-	553	-
(b)	Payment claimed from Local Education Authorities	313	326	312	290
		4,394	£3,511	4,321	£3,311
TOTAL PAYMENT FOR SUPPLEMENTARY OPHTHALMIC SERVICES		-	£617,384	-	£652,803

PART VII

NATIONAL HEALTH SERVICE (SERVICE COMMITTEES
AND TRIBUNAL) REGULATIONS

1. Service Committee Investigations

During the year under review the Service Committees of the Council investigated the following cases :-

(a)	Dental Service Committee	....	....	8
(b)	Medical Service Committee	....	....	5
(c)	Ophthalmic Investigation Committee	....		1
(d)	Pharmaceutical Service Committee			
	Drug Testing Scheme	....		3
				<u>17</u>

A summary of the recommendations of the Council is given below :-

<u>Committee</u>	<u>Action recommended</u>	<u>Number of Cases</u>
Dental Service Committee	No action Withholding of money	5 3
Medical Service Committee	No action Warning Withholding of money	3 1 1
Ophthalmic Investigation Committee	No action	1
Pharmaceutical Service Committee	Withholding of money Warning	2 1
	T O T A L	17

2. Appeals against decisions of the Dental Estimates Board

During the year the Council has on 25 occasions provided secretarial assistance in connection with the hearing by the Minister of Health of appeals against the decision of the Dental Estimates Board under Regulation 18 of the Service Committees and Tribunal Regulations. The hearings took place at Hospitals in various parts of the area and were held in the evening.

3. High Court Ruling

In November, 1967 Executive Councils were advised that the High Court had given a ruling on the right of a complainant to appeal to the Minister under the Service Committees and Tribunal Regulations against a decision of an Executive Council. The ruling makes it clear that such right of appeal is limited to decisions adverse to the complainant, and that a decision is adverse to him only if it rejects his complaint that the practitioner was in breach of his terms of service or does not provide for the recovery of expenses which the complainant claimed he incurred as a result of the failure of the practitioner to comply with his terms of service.

PART VIII

SUPERANNUATION

The National Health Service Superannuation Scheme

1. The Scheme is compulsory and applies to :-

- (a) Whole time employees of the Executive Council over 18 years of age;
- (b) General medical and dental practitioners on the list of the Executive Council; and
- (c) Assistant medical and dental practitioners, except those assistant medical practitioners for whose employment the consent of the Executive Council is not required, provided that not less than 50% of the salary of the assistant is attributable to the care and treatment of Health Service patients.

The duties of Executive Councils in this connection have steadily grown both in volume and complexity, particularly since the introduction of the National Insurance Graduated Pension Scheme, and the assistance of the Finance Officer has been sought by practitioners and their representatives on many problems arising under the Scheme. The expressions of thanks received have been greatly appreciated.

The responsibilities of the Council (as an "employing authority") are broadly (a) to deduct employees' contributions and account for both employers' and employees' contributions; (b) to maintain personal superannuation records; (c) to inform the Superannuation Division of changes in personal circumstances; (d) to return contributions in certain cases, and (e) to transmit to the Division claims for benefits. Medical and dental practitioners normally cease to pay superannuation contributions and to reckon service at the age of 65, but they may apply for an extension to any age up to 70. Applications for extension are submitted through the Executive Council, who obtain the views of the Local Medical Committee or the Local Dental Committee, as the case may be, so that due regard can be had to the needs of the Service and the desirability in any area of encouraging practitioners to continue in practice. The fact that a practitioner has reached 'pensionable' age does not, however, preclude him from continuing in practice.

It was recognised when the National Health Service Superannuation Regulations were made that many practitioners would already be committed to paying premiums on insurance policies taken out to provide for their retirement or for their dependants in case of death, and practitioners who were on the list of an Executive Council at the inception of the Service were given an option to remain outside the National Health Service Superannuation Scheme if they held sufficient insurance cover, and to receive from the Executive Council a sum equal to 8% of their 'superannuable' remuneration as a contribution towards the premiums.

2. The Superannuation (Miscellaneous Provisions) Act, 1967, came into operation on 10th May, 1967 and amended the legislation relating to several superannuation schemes in the public services. The Act made certain changes in the statutory provisions governing the National Health Service Superannuation Scheme.

PART IX

GENERAL

1. Appointments to other bodies

Dr. R.V. Goodliffe and Mr. C.S. Petheram serve as the Council's representatives on the Surrey Joint Liaison Committee comprising representatives of the Regional Hospital Board, the Hospital Management Committees, the Surrey County Health Committee and the Executive Council.

Drs. M. Gold and J.H. Lankester serve as the Council's representatives on the Professional Advisory Committee on the Maternity Services in Surrey, with Drs. Ursula M. Dick and E.D. Ward as deputies.

Drs. J.D. Finnegan and D.F. Kanaar serve as the Council's representatives on the Maternity Liaison Committee of the Croydon and Warlingham Park Hospital Management Committee.

Mrs. B.E. Redding serves as the Council's representative on the Geriatric Sub-Committees of the Redhill and Netherne and the St. Helier Group Hospital Management Committees and the Surrey Association for the Elderly. Mrs. Redding is also the Council's representative on the Surrey Council of Social Service and the Greater London Conference on Old People's Welfare.

Mr. W.J. Rose is the Council's representative on the Management Side Panel from which Management Side members of the Whitley Council Administrative and Clerical Staffs Regional Appeals Committees are drawn.

Mr. C.S. Petheram and Mr. F.C. Wilson have been appointed to the Panel from which members of the Mental Health Review Tribunals are drawn.

Mrs. K.C.S. Garrett serves as the Council's representative on the Maternity Services Liaison Committee of the North-West Metropolitan Regional Hospital Board.

Mr. C.S. Petheram serves as the Council's representative on the London Liaison Committee.

Miss N.K. Watts serves as the Council's representative on the Health and Welfare Committee of the Royal Borough of Kingston upon Thames.

The Clerk of the Council serves as the Council's representative on the Geriatric Liaison Committees of the North West Metropolitan Regional Hospital Board and the Local Medical Recruitment Committee.

The Deputy Clerk of the Council serves as the Council's representative on the Croydon Guild of Social Service.

Mrs. C.M. Waugh is the Council's representative on the Surrey County Council Health and Welfare Committee.

2. Membership of Hospital Management Committees

The under-mentioned members of the Council are members of the

Hospital Management Committees shown :-

<u>Hospital Management Committees</u>	<u>Members</u>	<u>Period ending 31st March.</u>
No.6. Croydon and Warlingham Park Group	Mr. W.E. Foulds Dr. D.F. Kanaar Mr. W.J. Rose Dr. S.L. Wright	1970 1971 1970 1969
No.9 Guildford and Godalming Group	Mr. G.F. Everitt (Chairman) Mrs. G.M. Gates	1969 1969
No.10 Kingston and Long Grove	Mr. T. Leam	1971
No.12 St. Helier Group	Dr. J.C. Cameron	1970
No.13 North West Surrey Group	Mrs. K.C.S. Garrett	1969
No.37 West Park	Mr. F.C. Wilson	1971

3. Executive Council's Association (England)

The following are the elected representatives of the Executive Councils for the Southern Division of the Management Committee for the year 1967/68.

Mr. R.L. Darche	- Devon and Exeter
Mr. W.R. Gunlack	- Cornwall
Dr. P.W.F. McIlvenna	- Reading
Dr. H. Rosenberg	- West Sussex
Mr. R.S. Wilkins	- Bath

The President of the Association is Dr. H.F. Hiscocks (Southend-on-Sea) and the Vice-President is Mrs. R.W. Kelly (Leicestershire and Rutland).

Mr. E.W. Gearey, Dr. R.V. Goodliffe, Mr. W.J. Rose, Mr. F.C. Wilson and the Clerk of the Council were appointed to attend the Twentieth Annual Meeting of the Association at Torquay on the 19th and 20th October, 1967.

The objects of the Association are :-

(a) To confer on matters relating to the National Health Service Act 1946, and any amending Act, in order that Executive Councils may have the benefit of the practice and procedure of one another in matters of difficulty and doubt, as well as in the general administration of the National Health Service and the various Regulations etc., issued by the Minister of Health, and to take such steps as may from time to time appear advisable to obtain amendments which experience may show to be desirable.

(b) To watch over and protect the general interest of Executive Councils as they may be affected :-

(i) By legislation of general application to Executive Councils and their areas;

(ii) By the administration of the various Departments of the Government which may exercise jurisdiction over the work of the National Health Service;

and

(c) To take action generally in relation to any subjects in which Executive Councils may be interested.

4. Joint Pricing Committee (England)

The Committee comprises twelve members elected by Executive Councils on a group basis and one member appointed by the London Executive Council. The election of members takes place annually, the election being conducted by the Executive Councils' Association in accordance with the National Health Service (Joint Pricing Committee for England) Order.

5. Royal Society of Health

The Minister of Health intimated that attendance of not more than two members of Executive Councils and the Clerk of the Council at the Congress of the Royal Society of Health could be regarded as "approved duty" under the National Health Service (Travelling Allowances, etc.) Regulations. Mr. W.J. Rose, Mr. F.C. Wilson and the Clerk of the Council were appointed to attend Congress at Eastbourne on 24th to 28th April, 1967.

6. Staff

(a) Establishment

A statement setting out the provisional staff establishment and gradings of the Council's administrative, clerical and ancillary staff and the staff in post at 31st March, 1968, is appended to this section of the report.

During the year 72 full-time and 3 part-time staff were recruited and 77 full-time and 8 part-time staff left the employment of the Council. The difficulties of recruiting and retaining staff have increased considerably following the transfer of Governmental Departments into the Surbiton area, particularly as the rates of pay offered by the Departments exceeded those which the Council was permitted to offer.

(b) Training

The Council decided to continue the arrangement whereby a limited number of young people were permitted to attend Day Release Classes organised by the Surrey County Education Committee.

During the year four members of the staff attended Training Schools as below, under the auspices of the Executive Councils' Association Staff Training Committee :-

Kingsgate College - Broadstairs - Preliminary School

4 Female Officers

7. Office Accommodation

In last year's Annual Report reference was made to the difficulties caused by the building restrictions imposed by the Board of Trade, which prevented the Council from proceeding with its plans to extend the office premises at 187 Ewell Road, Surbiton and resulted in the transfer of the Administrative and Finance Sections to new offices at Victoria House, London Road, North Cheam.

The Council decided, however, to proceed with internal alterations to the offices at Surbiton and to build a limited extension to the Registry to provide accommodation for that part of the Registration Section at present housed in temporary accommodation.

During the course of the year the internal alterations were completed and the Ophthalmic, Post and Filing, Stores and Establishment Sections were transferred to their new quarters.

Following the preparation of the necessary Bills of Quantities, estimates for the remaining alterations and extension of the Registry were obtained, and it is estimated that this work will be completed in September, 1968.

STAFF ESTABLISHMENT

AND STAFF IN POST AT 31ST MARCH, 1968

	<u>Establishment</u>	<u>Staff in Post</u>
<u>(1) ADMINISTRATIVE AND CLERICAL STAFF</u>		
<u>GENERAL ADMINISTRATION</u>		
Clerk	1	1
Deputy Clerk	1	1
Principal Administrative Assistant	1	1
Senior Administrative Officer	1	1
Executive Officer 11	1	1
Executive Officer 1	5	5
Higher Clerical Officer	9	8
Clerical Officer	18 (Unrestricted)	5
	(Restricted)	12
Typists	6 Shorthand Typists	
	(Full-time)	1
	(Part-time)	5
	(Copy Typist)	2
Machine Operator (Extended Scale)	1	1
Machine Operator	2 (46)	1 (45)
<u>FINANCE</u>		
Finance Officer	1	1
Senior Administrative Officer (Deputy Finance Officer)	1	1
Executive Officer 11	1	1
Executive Officer 1	4	3
Higher Clerical Officer	6	6
Clerical Officer	7 (Unrestricted)	3
	(Restricted)	1
Typists	2 (Part-time)	1
Machine Operator	1 (23)	- (17)
<u>OPHTHALMIC</u>		
Senior Administrative Officer	1	1
Executive Officer 1	1	1
Higher Clerical Officer	4	4
Clerical Officer	9	5
Clerical Officer (Restricted)	8 (23)	11 (22)
<u>REGISTRATION</u>		
Registrar	1	1
Executive Officer 11 (Deputy Registrar)	1	1
Executive Officer 1	2 (E.O.11)	1
	(E.O.1)	1
Higher Clerical Officer	9	9
Clerical Officer	22	22
Clerical Officer (Restricted)	55 (90) (Full-time)	69
	(Part-time)	15 (119)
	<u>182</u>	<u>203</u>

S U M M A R Y

Established	...	...	132
Unestablished	...	...	50
Part-time	...	...	21

203 staff employed

(2) ANCILLARY STAFF

Handymen	4	(3 Part-time)	5
Cleaners (Part-time)	<u>6</u>		<u>4</u>
	<u>10</u>		<u>9</u>

FINANCIAL STATEMENTS

The National Health Service Financial Regulations 1948 lay down financial procedures to be followed by Executive Councils in the exercise of their functions under Part IV of the National Health Service Act, 1946. The regulations further provide for the form of accounts to be kept by the Council, for the accounts to be furnished by them to the Minister and for the audit of these accounts.

The accounts for the year ended 31st March, 1968, were submitted for approval and adoption by the Council at their meeting on the 11th May, 1968. A copy of the accounts and financial statements relating thereto are set out, together with a copy of the Estimate of Administration Payments for the year ending 31st March, 1969.

The total net cost of the services administered by the Executive Council for the year ended 31st March, 1968 amounted to £14,806,917, which represents a charge of £7.14.5 per head of the estimated population of the area (1,979,826)

	<u>Total net cost 1967/1968</u>	<u>Percentage of Total net cost</u>	<u>Net cost per head of population</u>		
	£		£	s.	d.
<u>Administration</u>					
Salaries and Superannuation	190,736	1.288		2.	0
Other expenses	64,292	.434			8
	255,028	1.722		2.	8
<u>General Medical Services</u>	4,512,316	30.474	2.	7.	1
<u>Pharmaceutical Services</u>	5,857,121	39.557	3.	1.	1
<u>General Dental Services</u>	3,519,173	23.767	1.	16.	8
<u>Supplementary Ophthalmic Services</u>	652,803	4.409		6.	10
<u>Other Payments</u>	10,476	0.071			1
	14,806,917	100.000	7.	14.	5

MINISTRY OF HEALTH

NATIONAL HEALTH SERVICE ACTS

SOUTH-WEST LONDON AND SURREY

The Executive Council for.....

Statement of Account for the year ended 31st March, 1968, (Receipts and Payments)

				£	s.	d.					£	s.	d.
1.	Advances from Minister of Health			-	-	-	14,171,000	-	-				
2.	Superannuation contributions retained: (a) Deducted from salaries, wages, remuneration of Practitioners, etc.	279,444	8	9						190,736	6	10	
	(b) Council's share	390,330	2	11			669,774	11	8	1,546	10	11	
										62,745	3	-	9
3.	Superannuation-employees' contributions received in cash.....												7
4.	Other receipts:-						163	15	10				2
	(a) From patients for dental treatment at Health Centres.....												10
	(b) From Medical Practitioners for use of Health Centres.....												5
	(c) Repayment of Group Practice Loans.....												6
	(d) Items supplied by Ministry of Public Building and Works (ECL 63/59).....	959	4	8									1
	(e) Miscellaneous (to be specified).....												
	Rent £55.12.6..... Search Fees £4.15.0.....												
	Writing Notices £118..... Collection Fees £15.15.0.....	194	2	6									
							13,780	17	2				
Total										Total			
							14,854,719	4	8	14,806,917			
5.	Balance as at 31st March, 1967 (brought forward from last account).....						482,426	19	2	530,228			
										15,337,146			
										15,337,146			

The Executive Council for SOUTH-WEST LONDON AND SURREY

Statement of Account for the year ended 31st March, 1968.

ANALYSIS OF PAYMENTS

	£	s.	d.	£	s.	d.
A. ADMINISTRATION						
1. Staff salaries, etc:-						
(a) Salaries and wages						
(i) Administrative and Clerical Staff	154,588	18	1			
(ii) Other Staff	3,071	6	5			
(b) Overtime	6,989	5	7			
(c) National Insurance contributions (Council's share):-						
(i) Graduated Pensions Scheme	869	-	9			
(ii) Other	7,593	-	5			
(d) Selective Employment Tax	8,015	18	-			
(e) Superannuation contributions (Council's share - administration staff)	9,608	18	-	190,736	6	10
2. Travelling and subsistence expenses						
(a) Staff	831	19	10			
(b) Members of Council and Ophthalmic Services Committee						
(i) Travelling and subsistence	604	2	10			
(ii) Loss of earnings	97	10	-			
(c) All other persons (e.g. witnesses)	12	18	3	1,546	10	11
3. Other administration expenses:-						
(a) Construction, purchase, adaptation of premises, etc. (including improvements and adaptations to premises in current use; acquisition of land; and all relevant professional charges)	-	-	-	9,492	19	-
(b) Maintenance of premises						
(i) Repairs and decoration	2,229	2	4			
(ii) Furniture and equipment	2,967	15	1	5,196	17	5
(c) Rent	10,657	15	7			
(d) Rates	6,774	2	2			
(e) Heat, light, and cleaning	3,351	3	7			
(f) Stationery and printing	5,412	6	1			
(g) Advertising	251	16	6			
(h) Postage	17,354	14	11			
(i) Telephones	937	19	8			
(j) Testing of drugs and appliances	1,461	12	-			
(k) Other payments						
Subscription to Association of Executive Councils	20	-	-			
Professional charges not proper to 3 (a)	356	13	4			
Conference Fees						
Transport and Removal charges not proper to 3 (a)	848	5	1			
Medical Examinations of Staff	133	17	6			
Training Expenditure	30	6	8			
Meal Vouchers	139	5	10			
Other:- (i) Securicor Services	195	16	8			
(ii) Preparation of Notices E.C.L. 90/66 Paragraph 2	129	11	-	48,055	6	7
Total				255,028	-	9

B.

.....TEMPORARY ARRANGEMENTS FOR PRACTICES.....

Note

	£	s.	d.
C. PHARMACEUTICAL SERVICES			
1. Payments due to pharmacists (excluding 2 and 3):-			
(a) For the supply and dispensing of drugs and appliances (excluding (b)),.....	5,770,771	1	5
(b) As compensation for loss of, or damage to, oxygen equipment.....	44	-	-
Total	5,770,815	1	5
2. Payments for rota services.....	20,583	10	-
3. Supplementary payments for pharmacies in certain areas (E.C.L.23/67).....	866	-	-
4. Payments to medical practitioners for the supply and dispensing of drugs and appliances.....	62,399	-	8
5. Superannuation contributions (Council's share) relating to item 4 (See Note).....	2,457	1	1
6. Advances to Local Pharmaceutical Committee:-			
Advances made in 1967-68.....	6,200	-	-
LESS Amounts recovered in 1967-68.....	6,200	-	-
Cumulative balance of advances unrecovered at 31.3.68. £ -s. -d.			
7. Other payments (to be specified)			
.....			
.....			
.....			
Total	5,857,120	13	2
D. GENERAL DENTAL SERVICES			
1. (a) Payments due to dental practitioners (excluding item 2 and charges other than those at (i) and (ii)).....	4,012,615	2	1
LESS (i) Charges to patients under the N.H.S. Acts, 1951, 1952 and 1961.....	642,289	1	10
(ii) Charges to patients under Regn.25 of the G.D.S. Regns. 1954 and 1964.....	568	12	2
Net Total	3,369,757	8	1
2. Payments to dental practitioners practising at Health Centres	-	-	-
3. Superannuation contributions (Council's share) (See Note).....	149,416	5	9
4. Payments to local health authorities for use of Health Centres (Dental).....	-	-	-
5. Advances to Local Dental Committee:-			
Advances made in 1967-68.....	453	-	-
LESS Amounts recovered in 1967-68.....	453	-	-
Cumulative balance of advances unrecovered at 31.3.68. £ -s. -d.			
6. Other payments (to be specified)			
.....			
.....			
Total	3,519,173	13	10

				£	s.	d.
<u>SUPPLEMENTARY OPHTHALMIC SERVICES</u>						
Payments to ophthalmic medical practitioners for testing of sight.....				128,018	2	2
Payments to ophthalmic opticians for testing of sight.....				186,620	18	-
Total dispensing fees as per Statement of fees and charges.....				291,836	13	7
Total cost of lenses, frames and cases (excluding dispensing fees and charges to patients other than those at (6) below).....				415,210	19	5
Replacements and repairs (including refunds to patients)				3,310	15	4
Total of items 1 to 5				1,024,997	8	6
Charges to patients under the N.H.S. Acts 1951 and 1961:-						
	£	s.	d.			
(a) Lenses	334,758	11	7			
(b) Frames	37,436	2	6	372,194	14	1
Net amount of items 1 to 6				652,802	14	5
Advances to Local Optical Committee:-						
	£	s.	d.			
Advances made in 1967-68	157	10	-			
LESS Amounts recovered 1967-68	157	10	-			
Cumulative balance of advances unrecovered to 31.3.68. £ - - s. - d.						
Other payments (to be specified)						
.....						
Total				652,802	14	5
<u>Payments not covered by Sections A.-E</u>						
(a) Superannuation contributions refunded:-						
(i) Administration staff				710	-	2
(ii) Medical Practitioners				3	8	1
(iii) Dental practitioners				337	11	3
(b) Payments under Regn. 75 of the Supn. Regs:-						
(i) General Medical Services				9,425	17	1
(ii) Pharmaceutical Services				-	-	-
(iii) General Dental Services						
(c) Other (to be specified)						
.....						
.....						
.....						
.....						
Total				10,476	16	7

ADMINISTRATION RECEIPTS

Receipts 1966/67	Description	Revised Estimate 1967/68	Estimate 1968/69
£		£	£
6,835	1. Superannuation contributions retained:-	6,700	6,800
10,612	(a) Employees' share	9,500	9,650
	(b) Committee's share (as at Part 2 item 1 (e)).		
17,447	Total 1	16,200	16,450
73	2. Superannuation - Employees' contribu- tions received in cash	-	-
-	3. Selective Employment Tax - $\frac{1}{2}$ Rate refunds.	-	-
784	4. Items supplied by Ministry of Public Building and Works without cash settlement.	1,000	1,000
60	5. Rent	50	50
269	6. Other receipts including sales of equipment, luncheon vouchers etc.	200	200
1,186	Total 2 - 6	1,250	1,250
18,633	Total Receipts	17,450	17,700

ESTIMATE FOR THE YEAR ENDING 31st MARCH, 1969
ANALYSIS OF ESTIMATED ADMINISTRATION PAYMENTS

PAYMENTS 1966/67	HEADS OF EXPENDITURE	Revised Estimate 1967/68	Estimate 1968/69
£		£	£
	1. <u>Staff Salaries etc.</u>		
	(a) Gross salaries and wages of all employed staff		
152,522	(i) Administrative and Clerical staff	162,500	165,000
2,276	(ii) Other staff	3,000	3,000
8,576	(b) Overtime	10,000	1,000
	(c) National Insurance contributions (Committee's share)		
689	(i) Graduated Pension Scheme.....	900	900
6,813	(ii) Other.....	7,900	8,100
4,508	(d) Selective Employment Tax (See also Part 3 Item 3) ..	8,300	8,000
10,612	(e) Superannuation Contributions (Committee's share)...	9,500	9,650
185,996	TOTAL	202,100	195,650
	2. <u>Travelling and subsistence, etc. expenses:-</u>		
600	(a) Staff:-	800	600
	(b) Members of Committee:-		
569	(i) Travelling and subsistence.....	850	900
117	(ii) Loss of earnings.....	210	210
74	(c) All other persons.....	50	50
1,360	TOTAL	1,910	1,760
	3. <u>Construction, purchase, adaptation of premises, etc.</u> Including:- (See Note 4)		
6,415	Improvements and adaptations to premises in current use; acquisition of land, and all relevant professional charges.	10,000	25,000
	4. <u>Maintenance of premises (See Note 4)</u>		
440	(i) Repair, decoration, etc.....	2,000	1,500
1,908	(ii) Furniture and equipment.....	2,750	2,000
2,348	TOTAL	4,750	3,500
	5. <u>Other expenses</u>		
10,280	(a) Rent.....	9,680	7,200
4,241	(b) Rates.....	6,900	6,000
2,450	(c) Heat, light, cleaning, etc.....	4,000	4,050
6,041	(d) Stationery and printing.....	5,500	5,500
510	(e) Advertising.....	500	500
18,433	(f) Postage.....	18,500	18,500
989	(g) Telephones.....	1,050	1,100
439	(h) Miscellaneous.....	1,320	820
1,000	(i) Testing of drugs.....	1,400	1,400
44,383	TOTAL	48,850	45,070
240,502	GRAND TOTAL	267,610	270,980

General Statistics in the Council's Area
at the 31st March, 1968

Area	Area in Acres	Numbers on Doctors' Lists	Practitioners and Pharmacists		
			Doctors	Dentists	Pharmacists
Addington & New Addington	2,581	28,172	10	3	4
Addiscombe	359	8,492	4	5	8
Bagshot R.D.	16,083	13,345	5	4	8
Banstead U.D.	12,821	35,400	15	5	11
Barnes	2,519	36,730	18	11	11
Beddington & Wallington	3,045	32,461	12	12	14
Carshalton	3,346	37,644	17	10	9
Caterham & Warlingham	8,233	36,374	13	8	8
Chertsey U.D.	9,983	42,117	16	5	9
Coulsdon & Purley	11,143	80,739	33	34	23
Dorking U.D.	9,511	19,918	12	8	4
Dorking & Horley R.D.	53,943	31,859	16	8	7
Egham U.D.	9,350	28,765	16	4	6
Epsom & Ewell B.	8,427	62,019	25	26	13
Esher U.D.	14,847	61,078	31	24	19
Farnham U.D.	9,039	33,384	16	7	9
Frimley & Camberley U.D.	7,768	37,416	14	14	8
Godalming B.	2,393	21,143	10	10	5
Godstone R.D.	52,507	31,229	15	18	8
Guildford B.	7,322	60,531	29	39	16
Guildford R.D.	59,644	49,722	22	4	5
Hambleton	68,175	36,545	17	3	7
Haslemere U.D.	5,751	11,912	9	11	7
Kingston upon Thames	1,408	43,016	19	27	13
Leatherhead U.D.	11,187	45,115	18	12	13
Malden & Coombe	3,164	39,541	15	12	7
Merton & Morden	3,237	63,831	25	8	14
Mitcham	2,932	51,443	21	11	10
North Croydon	4,919	126,367	51	38	47
Reigate B.	10,255	61,681	25	25	11
Richmond upon Thames	4,109	42,075	21	19	19
South Croydon	4,813	93,342	39	26	4
Staines U.D.	8,273	60,399	22	20	13
Sunbury U.D.	568	29,236	10	8	5
Surbiton	4,709	63,862	24	20	17
Sutton & Cheam	4,338	81,288	32	33	27
Twickenham	7,013	98,829	45	18	30
Walton & Weybridge U.D.	9,052	54,222	21	21	13
Wimbledon	3,212	60,765	30	28	13
Woking U.D.	15,708	82,760	34	35	18
Worcester Park Postal Area	-	33,633	13	5	5

